

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #: ORIGINAL	
TYPE OF NOTIFICATION (O-Original, R-Revised, C-Cancelled): O				
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):				
OWNER NAME: TBTA				
Address: 160 Hamilton Avenue				
City: Brooklyn	State: NY		Zip: 11231	
Contact Name: Louis Andreani			Telephone:	
REMOVAL CONTRACTOR: COASTAL Environmental Group				
Address: 264 Sills Road Suite A				
City: East Patchogue	Zip: NY		Zip: 11772	
Contact Name: Richard C. Silva, JR – Project Manager			Telephone: 631-234-4100	
OTHER CONTRACTOR:				
Address:				
City:	State:		Zip:	
Contact Name:			Telephone:	
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emr. Renovation): R				
IS ASBESTOS PRESENT? (<u>YES</u> NO) Yes				
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)				
Building Name: HLC TUNNEL				
Address: 160 Hamilton Avenue				
City: Brooklyn	State: NY		County: Kings	
Site Location: Brooklyn Service Building/Brooklyn Portal Pump Room				
Building Size: 100000		# of Floors:	Age In Years: 50 years +	
Present Use: Car Tunnel		Prior Use:		
Procedure, Including Analytical Method, If Appropriate, Used To Detect The Presence of Asbestos Material: PLM - Polarized Light Microscopy				
Approximate amount of asbestos, including: 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	RACM to be removed	Nonfriable Asbestos Material not to be removed		Indicate Unit of Measurement Below
		CAT I	CAT II	UNIT
Linear Feet	2100			
Pipes				LnFt: X Ln M:
Surface Area – Square Feet				SqFt: X Sq M:
Vol. RACM off Facility Component				CuFt: Cu M:
Scheduled Dates Asbestos Removal (mm/dd/yy)		Start Date: 7/1/2016		Complete Date: 7/16/2016
Schedules Dates Demo/Renovation (mm/dd/yy)		Start:		Complete:

Work Starting 7/1/2016 to 7/2/2016, from 9PM to 7AM

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: This asbestos abatement project will be done in accordance with the applicable New York State Industrial Code Rule 56, NYCT System Wide Variance #SWV 151302, 151281. Methods will include double bagged for disposal purposes.

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: HEPA Vacs, MicroTraps (Negative Air Pressure) and amended water will be utilized for emissions control.

WASTE TRANSPORTER #1

Name: Tri-State Transfer Associates, Inc.

Address: 1199 Randall Ave

City: Bronx

State: NY

Zip: 10474

Contact Name: Jamie Byrne Baranoff

Telephone: 718-617-0771

WASTE TRANSPORTER #2

Name: Coastal Environmental Group

Address: 250 Executive Drive, Suite Y

City: Edgewood

State: NY

Zip: 11717

Contact Name: Bob Engle

Telephone: 631-234-4100

WASTE DISPOSAL SITE (#1 or #2)

Name: Minerva Enterprises, Inc.

Location: 9000 Minerva Road, P.O. Box 709

City: Waynesburg

State: Ohio

Zip: 44688

Telephone: 330-866-3435

IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (mm/dd/yy):

Date Ordered to Begin(mm/dd/yy):

FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency(mm/dd/yy):

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWDER. Any ACM which is discovered unexpectedly, or non-friable ACM which becomes crumbled will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.

I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (required 1 year after promulgation)

Signature of Owner/Operator

6/20/2016
Date

I certify that the above information is correct.

Signature of Owner/Operator

6/20/2016
Date